

Wellness Resources Referral Form Workplace Injury

The University of Saskatchewan strives to create an environment that promotes the wellbeing for all who study, live, visit, or work at all our campuses.

If an employee is away from work due to a *workplace injury*, then **Workers Compensation Board (WCB) reporting requirements must be followed. Wellness Resources is to be notified immediately if the employee requires any time off after the date of injury (time loss) and/or requires a temporary or permanent accommodation. Faculty members are not covered by the Workers Compensation legislation, as teaching professions are currently exempt.**

Please complete this Referral Form and submit the completed form to Wellness Resources' confidential email at wellnessresources@usask.ca, including any medical documentation received. Also include the WCB E1/W1 forms if not already submitted to Wellness Resources.

Please note, the University of Saskatchewan has an Employee and Family Assistance Program (EFAP) which employees can access by calling (306) 966-4300 or by contacting GuidanceResources® online at www.guidanceresources.com or toll-free at 1-844-44-USASK (1-844-448-7275).

* Denotes required fields

*Date of Referral: _____	*Referral by: <input type="checkbox"/> Self-Referral <input type="checkbox"/> Department
*Last day at work/date of injury: _____	<input type="checkbox"/> Still at work
* Area(s) of injury: _____	
*Medical attention required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Date expected to return to work (if known): _____ <input type="checkbox"/> Unknown at this time	
Comments and/or additional information: _____	

Return to Work Information	
* Can position be modified (hours/duties) for return to work or gradual return, if required:	
<input type="checkbox"/> Yes; details: _____	

<input type="checkbox"/> No; reasoning: _____	

Employee Information:		
*Name: _____	*Job title: _____	*Employee ID: _____
*Dept/College: _____	Unit: _____	
*Employee Group: <input type="checkbox"/> ASPA <input type="checkbox"/> Exempt <input type="checkbox"/> CUPE 1975 <input type="checkbox"/> Research: _____ <input type="checkbox"/> Other: _____		
*Employee Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (term start/end dates): _____ to _____		
*Contact information: Tel: (____) _____	*Email: _____	
<small>*(While away)</small>	<small>*(While away)</small>	

Department Contact Information:	
*Supervisor/Department Head Name: _____	Phone: (____) _____
	<input type="checkbox"/> Same as above
*Department Pay Administrator Name: _____	<input type="checkbox"/> ConnectionPoint
<small>(accountable for EJS)</small>	<input type="checkbox"/> Other: Name _____ Phone: (____) _____

Updated August 2017

Please return this form, along with any medical notes received to Wellness Resources, University of Saskatchewan

Email: wellnessresources@usask.ca

Room E140, Administration building, 105 Administration Place, Saskatoon, SK, S7N 5A2

Telephone: (306) 966-4580